L11000078729

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT [MAIL
	(Business Entity Name)	
•	(Document Number)	
Certified Copies	Certificates of St	atus
Special Instructions	to Filing Officer:	

Office Use Only



900210663389

08/05/11--01033--004 **55.00

TAUG -5 PHZ: 48
SEUNLING, U. STATE
ALLAHASSEE, FLORIO

B. BOSTICK

AUG 1 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person HSS TUCC Firm/Company 9633 MSS Rose Way Address Gold de FL 32832 City/State and Zip Code October Company E-mail address: (to be used for future annual report notification)	TALLAHASSEE, FLORIDA
For further information concerning this matter, please call:	
Name of Person Name of Person Area Code & Daytime Telephone Number	.
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: HSSI, LLC (document #L11666678729)
<u>SECO</u>	ND: The articles of organization or the application to transact business
<u>(CI</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
+	Dawn Mentemayor, Michael Managehia, Robin Manocchia, and Robin Montemayor should not be partners, MGRM, or MGR they should all be emoved. Umbrella LCC should have 100% ownersh OR and be m GRM and MGR.
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)



August 8, 2011

DAWN MONTEMAYPR HSS I, LLC 9633 MOSS ROSE WAY ORLANDO, FL 32832

SUBJECT: HSSI, LLC

Ref. Number: L11000078729

We have received your document for HSSI, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on August 1, 2011.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 211A00018600

Ms. Montemayor request to file document 8-18-11